

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/526,429
	Filing Date	11/02/2005
	First Named Inventor	Rommens
	Title	Diagnosis of Shwachman...
	Art Unit	1637
	Examiner Name	Thomas, David
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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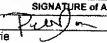
I am the:

☒ Applicant/Inventor.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE OF Applicant or Assignee of Record

Signature		Date	11 Nov 2009
Name	Peter Durie	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Johanna Rommens</i>	Date	11/16/2009
Name	Johanna Rommens	Telephone	416-813-7095
Title and Company	Senior Scientist, The Hospital for Sick Children		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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